



Wisconsin State Senate  
**John Lehman**  
Senator — 21st District

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**Testimony of Senator John Lehman**  
**Senate Bill 414**  
**Senate Committee on Education**  
**January 27, 2010**

Thank you for being here today to hear testimony on Senate Bill 414. SB-414 was developed in conjunction with the Department of Public Instruction and the Wisconsin Association of School Nurses to modernize the statutes relating to administering medication to students at school.

Since the original statutes on dispensing medication was passed into law, more and more children are being prescribed advanced pharmaceuticals to treat medical conditions. These treatments often must be administered during the school day. District employees are frequently asked to assist these students with, at times, very complicated drug administration. With complex prescriptions, medication error can occur. According to the Institute of Medicine, mis-administration is the most common but serious mistake made within the healthcare field.

In our local districts school nurses, who are best equipped with the training to assist with drug administration, are often stretched too thinly to be available to administer each student's medication at the prescribed times.

This legislation changes several provisions regarding the distribution of medicine in schools to keep our students healthy and safe.

SB-414 will require that all over-the-counter medicines be brought to the school in their original packaging with information about the proper dosage on the container. The unamended bill states that the medicine must be "sealed," however, we are working with the School Board Association on an amendment to require only that the medicine be in its original container. Additionally, if a parent or guardian requests that school personnel administer more medication than the recommended dosage, they must provide written approval from the student's health care provider.

For prescription drugs, the provisions in SB-414 stipulate that the parent or guardian must bring the drug to the school in the original, pharmacy-labeled package and the labeling must have the pupil's name, the prescriber's name, the name of the drug, the dose, the effective date, and the directions for administration. This information is generally standard on prescription drug labeling.

The bill also requires that any school district employee who administers prescription or non-prescription drugs take a free training program as directed by DPI. The training system is currently available online and provides staff with vital information about administering drugs. Under SB-414, schools will also be required to keep documentation of the dosage given to students and record the date

and time it was dispensed. This sort of record-keeping has proven to be an essential asset in catching errors or recommending future action.

Finally, the unamended version of SB-414 changes the definition of a school nurse to require that school nurses hold at least a bachelor's degree. We, along with DPI, have worked with the technical colleges to craft language that would amend SB-414 to put the qualifications of school nurses into the rule process rather than in statute, which would clear up their initial concerns with the bill. The proposed rule language would require a school nurse to have a bachelor's degree from a nursing program that is approved by the board of nursing or accredited by the Commission on Collegiate Nursing Education and that includes preparation in public health nursing or community health nursing.

The reasoning behind this requirement is that school nurses are asked to do far more than standard clinical work in a setting where they are likely the only medical professional present. Workplace demands call for proper public health training, which is obtained through a baccalaureate program. According to a recently conducted DPI survey almost all school nurses employed in Wisconsin already have a bachelor's degree or greater.

I hope you join me in supporting this important piece of legislation. SB-414 will help ensure that all pupils can be assisted by well-trained and knowledgeable staff acting in accordance with sound policies to keep students safe.

Thank you again for your time and attention to this matter. I will be happy to answer any questions you may have.

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**Senate Committee on Education**

**Testimony of Deputy State Superintendent Mike Thompson  
on 2009 Senate Bill 414**

**January 27, 2010**

Thank you to Chairperson Lehman and members of the committee for the opportunity to testify before you today in support of Senate Bill 414. My name is Mike Thompson and I am the Deputy State Superintendent of the Department of Public Instruction. With me today is Rachel Gallagher, the department's school nurse consultant. On behalf of State Superintendent Tony Evers I want to thank the chair for introducing this bill at the department's request.

SB-414, if passed into law, will enhance the health and safety of students by giving schools clear guidance as to what drugs can be administered to students, the instructions that must accompany those drugs, records that must be kept, the training required for those administering drugs and the education requirements for school nurses.

The provisions under the bill are important given the large number of people in the school setting that may have responsibilities for administering drugs to students. The school nurse to pupil ratio in Wisconsin averages one nurse for every 2,359 pupils while the proportion of students with special health care needs is significant.

Thirteen percent of Wisconsin children have special health care needs and eight percent were affected by asthma. Nationally, we know that diabetes affects one in every 400 to 600 children, that six to eight percent of students have food allergies, one percent seizure disorders, and seven percent attention deficit hyperactivity disorder. Schools must provide all students with chronic health conditions a free and appropriate public education.

Students are taking psychotropic medications, controlled substances, injected, rectal, and nebulized medications and getting drug dosages dependent on the clinical situations. Given the scope of health care needs in schools and the high numbers of students to school nurses it is important that the many staff who are not licensed practitioners have the appropriate training to provide the medications they are being asked to administer. In fact, according to a survey conducted by the Wisconsin Public Health Association, most medication in the school setting is being given by non-health providers and 51 percent of all medication is being administered by secretaries. SB 414 addresses this need by requiring school staff who are administering drugs to be trained to do so.

The department has developed an on-line medication training program and webcasts so that staff at any time can take the units of training they may need depending on what they are being asked to administer. This training is free as the department has secured private funding for the program.

and is currently available to school districts. Each unit takes 5-10 minutes to complete. However, for safety reasons, the bill does require that if someone is doing more invasive procedures that they receive hands-on training from a health care provider.

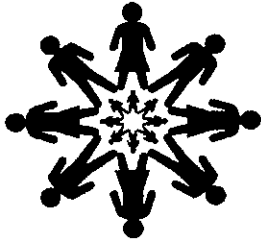
This bill requires that drugs, including homeopathic remedies, be officially recognized. It also requires that nonprescription drug products be provided by parents in the original container with the written instructions of the parent and prescription drugs in the original pharmacy labeled package. This language is needed. A wide array of both traditional and non-traditional medicines is now being brought into schools. Often schools are presented with medication in plastic baggies without the identified active ingredient and instructions for administration. Documentation of dosages of medications and errors can help school personnel to avoid double dosing, omissions and learning from medication errors.

Current law does not address how school staff should respond to requests to administer more than the recommended dose of a nonprescription drug for a student. SB 414 clarifies that school staff should only provide more than the recommended dose if the request is accompanied by written approval from the student's health care provider.

Under the bill school districts must keep a record of the administration of each dose, including errors. It is extremely important that all school districts keep this type of record in case multiple people are providing the student with the medication or in the event something happens. Accurate knowledge of what the student was given can be lifesaving.

The scope of what a school nurse does has changed significantly over time. It is no longer about providing only direct services. They are now expected to develop emergency health care plans for individual students, direct health education, provide consultation, oversee health outreach in a community setting and direct health policy for large populations. Given these responsibilities, the department felt it was important that all incoming school nurses have public health training. While the bill contains a requirement to have a bachelor's to be a school nurse, as we knew that training occurred in the four-year program, the department understands the concerns of the technical colleges who would prefer the credential not be in statute. As a result, the department has worked with the technical colleges and we have agreed upon an amendment putting the requirements to be a school nurse in administrative rule. The rule will be reflective of public health nursing requirements which require a bachelor's degree.

Thank you for the opportunity to testify before you today. I would be happy to answer any questions you may have.



# WASN

Wisconsin Association of School Nurses

## Testimony to the Senate Committee on Education in Favor of Senate Bill 414

M. Kathleen Murphy, DNP, RN, FNP-BC  
Wisconsin Association of School Nurses

January 27, 2010

My name is Dr. Kathleen Murphy. I am the Health Services Coordinator for the Milwaukee Public Schools. I am a registered nurse and the mother of a child who receives medication in the school setting. I am here today representing the Wisconsin Association of School Nurses (WASN).

On behalf of WASN, I would like to thank you for the opportunity to testify today in favor of Senate Bill 414. I would particularly like to thank Senator Lehman for authoring this important piece of legislation.

The goal of SB 414 is simple: make the delivery of health care services in the school setting safer and more consistent. The bill's key provisions include the following.

**1) Change the statutory definition of school nurse to being a nurse with a Bachelor of Science in Nursing (BSN).** A nurse with a minimum of a BSN is needed to deal with the diverse health needs and situations that arise in school settings. This standard is consistent with the recommendation of the National Association of School Nurses (NASN). Under the bill, those nurses with lesser credentials currently working in the schools would be grandfathered in, thereby allowing them to continue working.

**2) Strengthen and update Wisconsin's school medication law (Chapter 118.29).** The statute was written at a time when most medications given were over-the-counter or for acute illnesses. Medication administration has become much more complicated in recent years. Students are now taking complex psychotropic medications, controlled substances, injected, rectal and nebulized medications.

More students are taking medications where the dose is dependent on the changing clinical situation. Examples include a sliding scale for insulin, which depends on the amount of carbohydrates ingested and the blood sugar measurement or emergency medications for asthma or allergic reaction.

There is an increased prevalence and severity of asthma and environmental

allergies, including those with life-threatening potential. Children are discharged earlier from the hospital and return quickly to school. This increases the acuity of conditions, nursing procedures and accommodation plans.

Staff without health care or nursing knowledge can no longer intuitively determine how to assist students. Staff report being nervous about providing services, but sometimes do so because they want to help a child or don't feel they can refuse. Or, conversely, some staff do not have a healthy respect for the potential consequences and liabilities. Both of these situations lead to high potential for errors in administering care, medications, and procedures.

Staff must be able to determine when parent instructions should not be followed. For instance, a student should not be given aspirin if he or she is on a medication that can prolong bleeding or he or she has a viral illness. In addition, parents may take short-cuts, may not use the appropriate and recommended technique, or may try to save dollars by continued use of disposable equipment.

**Many horror stories:** There are many horror stories from across Wisconsin that highlight why school nurses should have at least the training and experience provided by a BSN and why the school medication law needs to be strengthened. Following are just a handful:

- A child was supposed to be given Dexedrine capsules as soon as he got to school each day. But the parent was inconsistent and, even when medication was provided, it seemed to be ineffective. The school nurse took the capsules to the pharmacy and asked them to be examined. They contained ascorbic acid. The parents had apparently been taking the pills or selling them. The police were contacted and a plan was set up for delivering the medication directly from the pharmacy to the school.
- A child was missing school on a regular basis because he was not receiving the medication he was supposed to be getting at school. The school secretary, who was supposed to be giving him his medication, did not recognize the importance of tracking him down. The mother assumed he was getting the medication.
- An order was delivered for 5 mg of Ritalin to be given daily at school. But the bottle contained 20 mg tablets. While a disaster was averted in this case, the child easily could have been provided dosages well in excess of those prescribed.
- Prescription bottles were provided with two different pills in them, and a parent asked that they be given to a child.
- A student had an order on file for Ritalin to be given at school, but no medication was ever supplied. It turned out the parent was taking the pills.

Thank you once again for considering my views and the perspective of school nurses in Wisconsin.

## HIGHLIGHTS OF SENATE BILL 414

- Define a school nurse as having a Bachelor of Science in Nursing (BSN). Grandfather in nurses with lesser qualifications who are currently working in the schools. Remove the definition of school nurse as a DPI-certified nurse, but retain the option for DPI certification.
- Tighten up the definition of "drug" and add definitions for "drug product" and "nonprescription drug product" in the school medication law so that only recognized medications that are properly packaged and labeled, in specific dosage form and strength from known manufacturers, can be administered in the school setting.
- Require that a nonprescription drug product be supplied in its original sealed package with a list of ingredients and recommended dosage.
- Require that any request to administer a dose outside the recommended therapeutic dose must have written approval by the child's health care practitioner.
- Require that a prescription drug be provided in the original, pharmacy-labeled package.
- Require all entities authorized to administer nonprescription drug products and prescription drugs to seek the assistance of one or more "registered professional nurses," rather than "appropriate health care professionals," in developing and periodically reviewing written policies. Appropriate health care professionals include emergency medical technicians, first responders, licensed practical nurses, podiatrists, and others.
- Require the documentation of administration of each dose, including errors.
- X Delete the requirement that training procedures be included as part of the written policy. Instead, require that any person authorized to administer nonprescription drug products or prescription drugs to pupils receive training approved by DPI.
- Allow glucagon to be administered to any known diabetic student having a severe "low blood sugar with altered consciousness" event, rather than "any" pupil having a "hypoglycemic" event. Require employees to dial 911 or whatever emergency number is available.



January 27, 2010

The Honorable John Lehman  
Wisconsin State Senate Education Committee  
Room 310 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707

Re: Support for Senate Bill 414 relating to school nurses and the administration of drugs to pupils.

Senator Lehman and Members of the Committee:

My name is Lori Anderson. I am a member of the faculty of the University of Wisconsin - Madison School of Nursing. My area of research is the care of children with chronic conditions in the school setting and I am a former practicing school nurse who has worked both in a small, rural school system and in a larger urban school system. My testimony is based both on my research and my experiences as a practitioner and a teacher at the baccalaureate level.

Thank you for this opportunity to testify in support of Senate Bill 414. The University of Wisconsin - Madison School of Nursing supports the unified definition of a school nurse as a registered nurse who has a bachelor's degree in nursing. Further, we support the changes regarding the administration of medication to pupils. Senate Bill 414 will enhance the care that Wisconsin children receive in school and enable them to be healthy learners.

Healthy children learn better. Wisconsin's nearly 900,000<sup>1</sup> public school-attending children are no exception. School-age youth increasingly bring a variety of health-related needs into the classroom. With over 94% of children in Wisconsin attending school each day,<sup>2</sup> the role of the baccalaureate prepared school nurse is critical to the implementation of quality school health services. For some children, contact with a school nurse is the only consistent access to a health care professional that they have. Baccalaureate prepared professional nurses are needed to meet the multiple and complex demands of 21st century health care in educational settings.

Because of advances in health care for children, school nurses have increasingly been asked to provide services to students with chronic conditions and students recovering from surgery, acute illnesses, and injuries. Schools are mandated by federal legislation to provide the services needed to support the education of all students in the least restrictive environment.<sup>3</sup> In 2001, 13.4% of children in Wisconsin had special health care needs.<sup>4</sup> In 2006, that number grew to 15.3%, which is higher than the national level of 13.9%.<sup>5</sup> Children with special health care needs are three times more likely to miss substantial amounts of school,<sup>6</sup> are nearly three times as likely to repeat at least one grade as compared to healthy children, and require care that involves multiple medical and educational services that are often fragmented across community, healthcare, and educational systems.<sup>7</sup>

School of Nursing

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School nursing is a specialized area of nursing practice that occurs in a non-health-care, community-based setting. It is a highly independent role. Registered Nurses with a bachelor's degree are prepared for positions in both inpatient and community settings and for moving into leadership responsibilities. Baccalaureate preparation is the entry point for professional nursing practice and is preferred by most nursing leaders. Baccalaureate prepared nurses provide leadership and management skills, are able to apply evidence to practice, and have a foundation in a liberal arts education. Baccalaureate prepared nurses possess knowledge of health promotion, disease prevention, and risk reduction as well as illness and disease management and are prepared to assist individuals, groups, and communities to prevent disease and achieve optimum levels of wellness.<sup>8 9</sup>

While associate degree programs prepare their students well to deliver task-oriented, bedside nursing care in hospitals and other inpatient settings and in selected community-based settings,<sup>10</sup> it is the nurse with the bachelor's degree who possess a working knowledge of how to access community resources and coordinate between large systems, including public health departments where public health nurses are required to have bachelor's degrees.<sup>11</sup>

According to the National Association of School Nurses,<sup>12</sup> the role of the school nurse includes providing direct health care to students and staff, including medication administration and the performance of health care procedures utilizing increasingly complex technology. The increasing complexity of providing care to Wisconsin school children with chronic and acute conditions in the school setting, including the administration of medication, underscores the importance of the recommended changes in the medication administration law, which the School of Nursing also supports.

School Nurses are the health care expert within the school, assessing the overall system of care and developing a plan for assuring that health needs are met and taking a leadership role in the development and evaluation of school health policies. The school nurse participates in and provides leadership to coordinated school health programs, crises/disaster management teams, and school health advisory councils. The recent outbreak of the H1N1 influenza virus has highlighted the importance of school nurses. School nurses across Wisconsin were on the front lines of combating this pandemic. They were responsible for evaluating potential cases and carrying out part of the response plans in their area. The school nurse also serves as a liaison between school personnel, family, community, and health care providers.

Baccalaureate preparation in addition to state RN licensure is necessary to enable Wisconsin's school nurses to meet these standards of the National Association of School Nurses<sup>13</sup> and to provide safe, effective nursing and health care in Wisconsin's schools.

It has been established that the nursing workforce needs to move towards a higher educational model. Baccalaureate education was supported by the US Department of Health and Human Services Health Resources and Services Administration in 1996, the Pew Health Professions Commission in 1998, and most recently in 2009 by the Carnegie Foundation for the Advancement of Teaching.<sup>14 15</sup> The complexities of health care and interdisciplinary teamwork require maintaining equal status among health care professionals<sup>16</sup> and the educational professionals within the school setting.

There are 25 states that currently require nurses to hold a bachelor's degree for becoming certified as a school nurse. Of these, 13 states mandate the hiring of a baccalaureate prepared school nurses. These include our neighboring states of Minnesota, Iowa, and Illinois.<sup>17</sup>

The overarching concern, of course, is the health and safety of Wisconsin school children. This legislation supports the preparation of school nurses at a level that allows them to successfully meet the expected standards of practice at the national level<sup>18</sup> and to provide safe, effective care. Baccalaureate prepared school nurses can make a difference in the health of Wisconsin students.

Thank you for giving the School of Nursing the opportunity to speak in support of Senate Bill 414.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori S. Anderson", with a stylized, flowing script.

Lori S. Anderson, PhD, RN  
Assistant Professor  
University of Wisconsin - Madison

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